

# Uncontrolled DM with Hyperglycemia

## Diagnosis Overview:

**DM with hyperglycemia (E10.65 or E11.65) may be recommended when a patient's most recent hemoglobin A1c was >7.0%:**

**CDC & ADA recommend HgbA1c goal of 7%**

- More or less stringent goals may be appropriate for each individual
- Goals for older adults may be relaxed as part of individualized care

**Diagnosing a patient with DM with hyperglycemia does not suggest their target HgbA1c is <7%**

- When the provider diagnoses diabetes with hyperglycemia, there needs to be evidence that the patient is currently or acutely hyperglycemic
- Once the levels have returned to the patient's normal range, hyperglycemia should no longer be documented.

## Risk Factors:

Obesity, family history, sedentary lifestyle, certain ethnicities, age, gestational diabetes, impaired glucose tolerance

## Symptoms:

Increased urination, excessive thirst, fatigue, increased hunger, , slow healing infections/wounds, numbness and tingling

## Documentation Example:

**Assessment/Plan:** Type 2 diabetes with hyperglycemia – A1c 7.4%. At goal of 7.0% – 8.0%. Continue metformin. Congratulated patient and encouraged her to continue with diet and exercise.

Both DM and hyperglycemia are supported, code E11.65 (Type II DM w/ hyperglycemia) would be acceptable.

## Pearl:

- Documentation stating 'uncontrolled' is not synonymous with hyperglycemia. ICD 10 coding for diabetes uncontrolled can mean 'with hyperglycemia' or 'with hypoglycemia'. The documentation needs to be specific to hyperglycemia or hypoglycemia.
- Including the most recent HgbA1c in your note supports the patient's hyperglycemic status.

Resources: (1) American Diabetes Association; (2) CDC – All About Your A1C